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Intellectual Property Law

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FACSIMILE TRANSMISSION COVERSHEET

DATE: June 27, 2006
 TO: Mail Stop Amendment
 Commissioner for Patents
 P. O. Box 1450
 Alexandria, VA 22313-1450
 RE: U.S. Patent Application No. 10/672,937
 Filed: September 26, 2003
 Confirmation No.: 9457
 Attorney Docket No.: ABIOS:042A (5010-350)
 FROM: Leonard D. Bowersox, Esq.
 FAC. NO.: (571) 273-8300

NUMBER OF PAGES (INCLUDING THIS COVER SHEET): 43

Items Attached: Transmittal Form - 1 page
 Fee Transmittal - 1 page
 Credit Card Payment Form - 1 page
 Petition for Extension of Time - 1 page
 Amendment including amended drawings (Figs. 5 and 6) - 27 pages
 Information Disclosure Statement- 2 pages
 Form PTO/SB/08b- 1 pages
 Cited References – 8 pages

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Coty D. Wilks

Printed Name:

Signature

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JUN 27 2006

PTO/SB/21 (08-00)

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TRANSMITTAL
FORM

(to be used for all correspondence after initial filing)

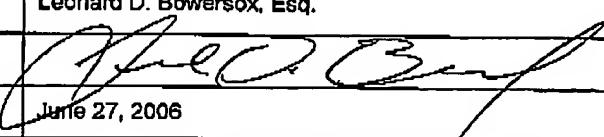
TRANSMITTAL FORM <i>(to be used for all correspondence after initial filing)</i>		Application Number	10/672,937
		Filing Date	September 26, 2003
		First Named Inventor	Timothy B. STOCKWELL et al.
		Group Art Unit	1631
		Examiner Name	Shubo ZHOU
Total Number of Pages in This Submission	42	Attorney Docket Number	BIOS.042A (5010-350)

ENCLOSURES (check all that apply)

<input checked="" type="checkbox"/> Fee Transmittal Form	<input checked="" type="checkbox"/> Amended Drawing(s) (Figs. 5 and 6)	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input checked="" type="checkbox"/> Fee Attached	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief)
<input checked="" type="checkbox"/> Amendment / Reply	<input type="checkbox"/> Petition	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> After Final	<input type="checkbox"/> Petition to Convert to a Provisional Application	<input type="checkbox"/> Request for Status
<input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> Power of Attorney, Revocation	<input type="checkbox"/> Acknowledgement Postcard
<input checked="" type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Change of Correspondence Address	<input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): Credit Card Payment Form & PTO/SB/08b & 2 cited references
<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Terminal Disclaimer	
<input checked="" type="checkbox"/> Information Disclosure Statement	<input type="checkbox"/> Request for Refund	
<input type="checkbox"/> Certified Copy of Priority Document(s)	<input type="checkbox"/> CD, Number of CD(s)	
<input type="checkbox"/> Response to Missing Parts/ Incomplete Application	<input type="checkbox"/> After Allowance Communication to Group	
<input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53		
Remarks		Fee is a credit card payment form.

Customer No. 35411

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm or Individual name	Leonard D. Bowersox, Esq.
Signature	
Date	June 27, 2006

CERTIFICATE OF MAILING

I hereby certify that this correspondence is being facsimile transmitted to the United States Patent and Trademark Office, Fax No.(571) 273-8300 on June 27, 2006.

Type or printed name	Colby B. Wilkins
Signature	
Date	June 27, 2006

This collection of information is required by 37 CFR 1.5. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 37 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P. O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO :Commissioner for Patents, P. O. Box 1450, Alexandria, VA 22313-1450.

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PTO/SB/17 (12-04)
Approved for use through 07/31/2006, OMB 0651-0032
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*Effective on 12/8/2004.
Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).*

**FEE TRANSMITTAL
For FY 2006**

Applicant Claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$ 1,200.00)

Complete if Known	
Application Number	10/672,937
Filing Date	September 26, 2003
First Named Inventor	Timothy B. STOCKWELL et al.
Examiner Name	Shubo ZHOU
Art Unit	1631
Attorney Docket No.	ABIOS.042A (5010-350)

METHOD OF PAYMENT (check all that apply)

- Check Credit Card Money Order None Other (please identify): _____
- Deposit Account Deposit Account Number: 50-0925 Deposit Account Name: KILYK & Bowersox, P.L.L.C.
- For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)
- Charge fee(s) indicated below Charges fee(s) indicated below, except for the filing fee
- Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17 Credit any overpayments

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FEE CALCULATION

1. BASIC FILING, SEARCH, AND EXAMINATION FEES

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	Small Entity	Fee (\$)	Small Entity	Fee (\$)	Small Entity	
Utility	300	150	500	250	200	100	
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	

2. EXCESS CLAIM FEES

Fee Description

Each claim over 20 or, for Reissues, each claim over 20 and more than in the original patent

Small Entity	
Fee (\$)	Fee (\$)
50	25
200	100

Each independent claim over 3 or, for Reissues, each independent claim more than in the original patent

360 180

Multiple dependent claims

Total Claims	Extra Claims	Fee (\$)	Fee Paid (\$)	Multiple Dependent Claims	Fee (\$)	Fee Paid (\$)
- 20 or HP =	x	=				

HP = highest number of total claims paid for, if greater than 20

Indep. Claims	Extra Claims	Fee (\$)	Fee Paid (\$)
- 3 or HP =	x	=	

HP = highest number of independent claims paid for, if greater than 3

3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity)

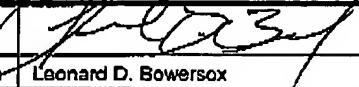
for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41 (a)(1)(G) and 37 CFR 1.16(s).

Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)
- 100 =	/ 50 =	(round up to a whole number) x	=	Fees Paid (\$)

4. OTHER FEE(S)

IDS after an Office Action	\$180.00
Other: Petition for 3-month Extension of Time	\$1,020.00

SUBMITTED BY

Signature		Registration No. (Attorney/Agent)	33,226	Telephone	703-385-9688
Name (Print/Type)	Leonard D. Bowersox			Date	June 27, 2006

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